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ATTORNEY DOCKET  
NO. 2003P08220 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Caspi, et al.

Serial No.: 10/672,057

Filed: September 26, 2003

Title: SYSTEM AND METHOD FOR  
CENTRALLY-HOSTED  
PRESENCE REPORTING

Group Art Unit: 2683  
Examiner: Zewdu

) CERTIFICATE OF FACSIMILE TRANSMISSION

) The undersigned hereby certifies that this document is  
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) Date Transmitted: May 24, 2007

) Facsimile Number: 571-273-8300

) No. of Pages: Ext (1) + RCE (2) = Total (3)

) By:

Jeanette L. Taplin

REQUEST FOR CONTINUED EXAMINATION

Commissioner for Patents  
P.O. Box 1450  
Arlington, VA 22313-1450

Sir:

Applicant hereby requests continued examination, in accordance with 37 C.F.R. §1.114,  
for the above identified application.

TIME REQUEST IS BEING MADE

1. This request is being submitted:

- i. ☒ Prior to abandonment of the application
- ii. ☐ With payment of the issue fee
- ☐ Prior to payment of issue fee
- ☐ Issue fee has been paid but a petition under §1.313 has been granted
- iii. ☐ Prior to a decision on appeal to the Board of Patent Appeals &  
Interferences
- ☐ A notice is being separately sent to the Board of Patent Appeals &  
Interferences that this Request for Continued Examination is being filed.

05/25/2007 TL0111 00000059 192179 10672057

02 FC:1801 790.00 DA

Serial No.: 10/672,367

Attorney Docket No.: 2003P08220US

ENCLOSURES

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2. Enclosed herewith is/are:

- ☒ A Petition for Extension of Time for the 2<sup>nd</sup> and 3<sup>rd</sup> months.  
☒ Please enter the Amendment submitted: March 27, 2007.  
☐ Please enter the enclosed Amendment  
☐ An Information Disclosure Statement (37 C.F.R. §1.98) with PTO-1449 and  
     references.  
☐ New arguments  
☐ New evidence in support of patentability  
☐ Other:

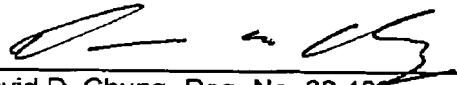
FEE FOR REQUEST (37 C.F.R. §1.17(e))3. ☒ Filing fee has been calculated as shown below after entering the previous amendment (other than small entity):

For	Claims Remaining After Amendment	Highest Number Previously Paid For	Present Extra	x Rate	Additional Fees
Total Claims	19	-20	=0	X \$ 50	\$ 0.00
Indep. Claim	5	-5	=0	X \$200	\$ 0.00
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim				x \$300	\$ 0.00
Basic filing Fee					\$ 790.00
Total					\$ 790.00

4. ☒ Please charge Deposit Account No. 19-2179 in the amount of \$ 790.00. The Commissioner is hereby authorized to charge any fees that may be required, or credit any overpayment to Deposit Account No. 19-2179 pursuant to 37 C.F.R. §1.25.

PLEASE MAIL CORRESPONDENCE TO: Respectfully submitted,

Siemens Corporation  
**Customer Number: 28524**  
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 Intellectual Property Department  
 170 Wood Avenue South  
 Iselin, NJ 08830

  
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